

Cross Program Integration: Reducing Injuries to our Children and Youth

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Maternal and Child Health & Injury and Violence Prevention Programs

Provided by: Children's Safety Network

National Injury and Violence Prevention Resource Center

CSN Trainers

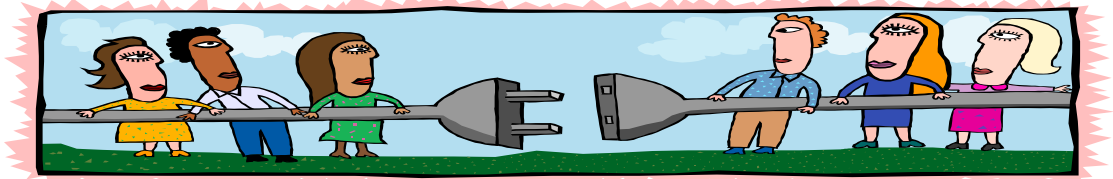
Sally Fogerty, Director, CSN

Ellen Schmidt, Assistant Director, CSN – National
Partners



Agenda Goals

- To enhance MCH and IVP utilization of cross-program integration to improve programs.
- To serve as a catalyst for improving outcomes to children and adolescents in the area of injury and violence prevention.
- To strengthen the current level of cross-program integration to improve the outcomes in the two selected issues (Bullying and child abuse and neglect Prevention).



Agenda Objectives

- Participants will have an overall understanding of cross-program integration processes and how they apply to injury and violence prevention.
- Participants will use these two issues (Bullying and child abuse and neglect Prevention) to identify 1-3 proposed and next steps that the new workgroup can address collaboratively in 2010.
- Participants will understand how to apply tools and resources to additional injury and violence prevention topic areas.

Agenda Objectives

- Participants will be able to identify and apply resources to assist with the processes discussed in the session.
- Participants will have a better understanding of various models and approaches to injury and violence prevention.

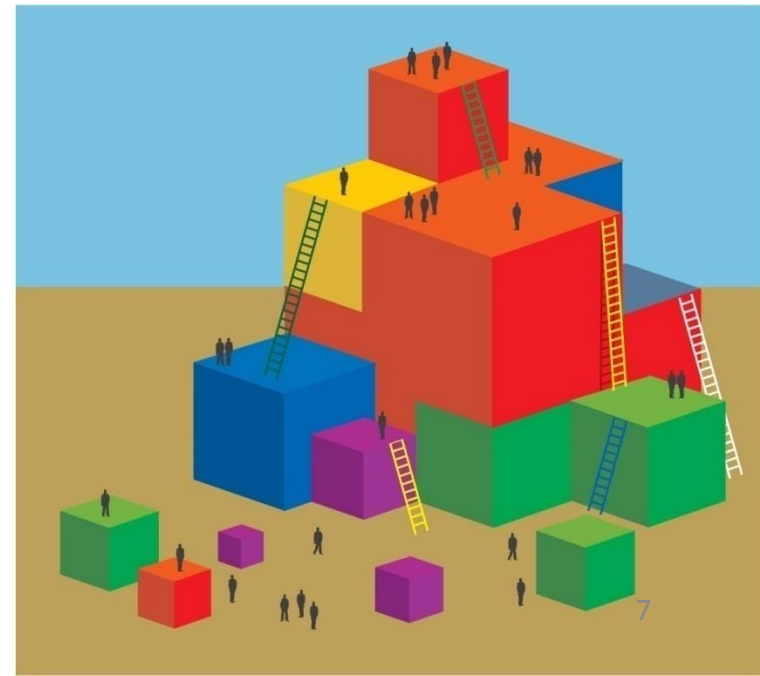
What is Cross - Program Integration?

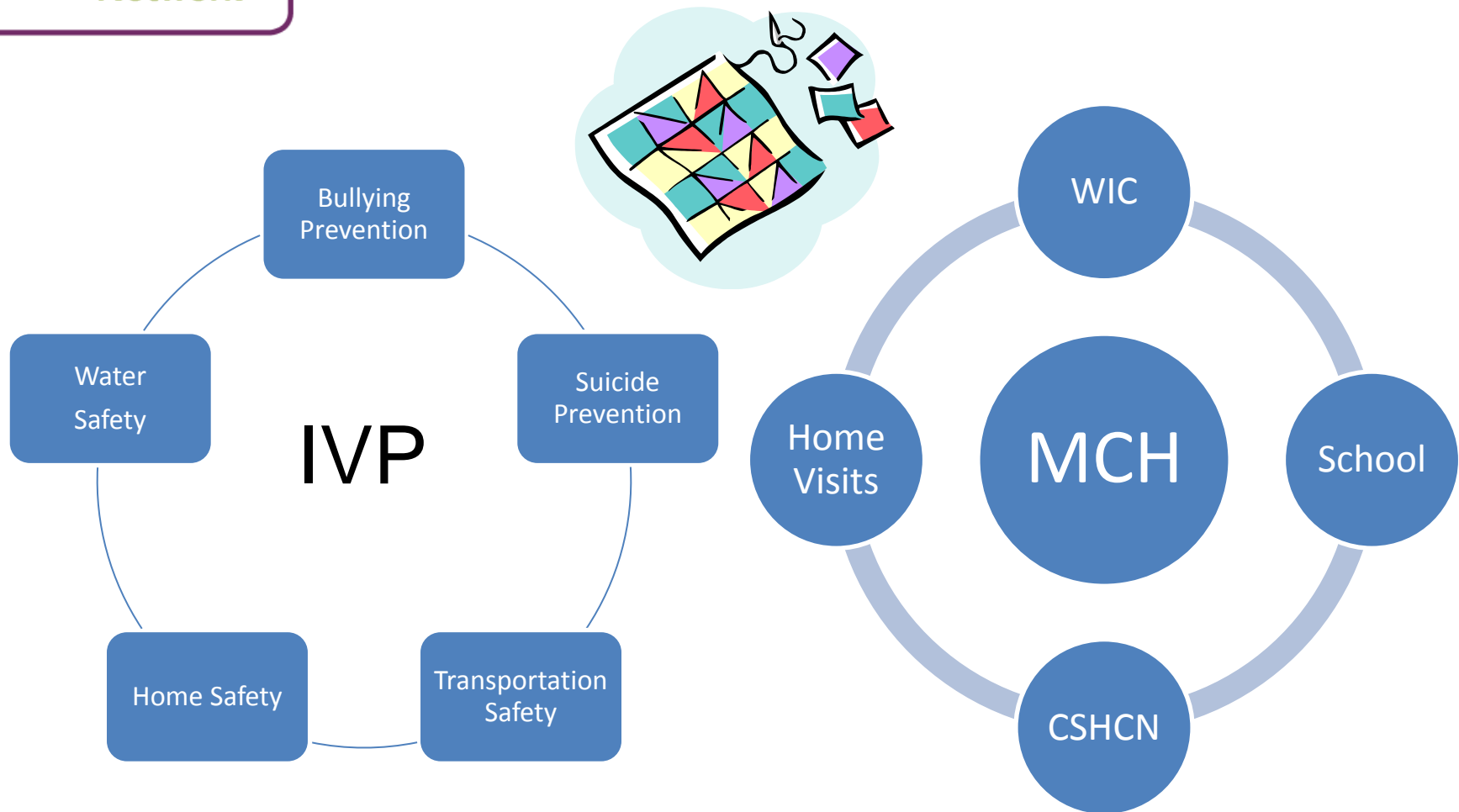
- Process which brings together programs and external stakeholders to identify common goals for injury prevention and to work jointly to achieve them.
- Cross-program Integration:
 - Aligns strategies/interventions with programs & services
 - Creates a partnership between programs
 - Enables us to reach more children and families
 - Maximizes current resources

Cross-Program Integration:

Process bringing together programs & stakeholders; identify common goals and work jointly to achieve them.

- Aligns and maximizes
- Creates a coordinated and approach
- Promotes the spread of interventions.





Making the Link

- Most commonly integrated
 - motor vehicle safety;
 - domestic/family violence prevention;
 - child abuse and neglect prevention; and
 - home-related safety.
- Less commonly integrated
 - suicide prevention;
 - school or playground safety;
 - bullying/youth violence prevention.

Injury and Violence Prevention- Where is the Field?



Every Child Has a Right to Be Healthy and Safe

- Injuries – unintentional and intentional are the greatest threat to a child's survival
- Unintentional injuries result in significant disability and costs with life long impact on both the child and family.
- Through multifaceted approaches using evidence-based interventions the risk can be significantly reduced.

- Definition of Injury

Any unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy or from the absence of essentials such as heat or oxygen.

Overcoming Perception

- Accidents will happen – not preventable
- Injuries are part of growing up
- Not really serious
- Happen to someone else
- More significant priorities

Injuries Leading Killer of children and youth ages 1 – 19

Tip of the Iceberg

- Number 1 reason for admission to ER's-
- Major reason for hospital admission

**Most serious injuries
can be prevented.**



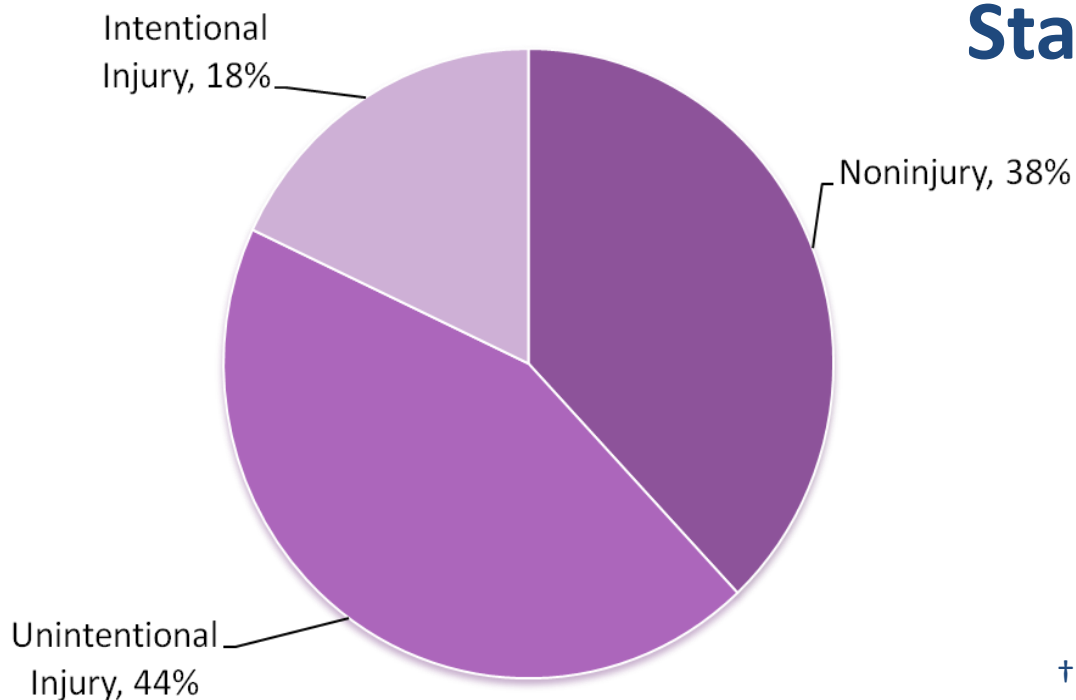
Leading Causes and Total 5-Year Incidence of Deaths by Age Group, United States, 2002-2006

Rank	Age Groups					
	<1	1 - 4	5 - 9	10 - 14	15 - 24	All Ages
1	Congenital Anomalies 28, 237	<u>Unintentional Injury</u> <u>8,273</u>	<u>Unintentional Injury</u> <u>5,514</u>	<u>Unintentional Injury</u> <u>7,161</u>	<u>Unintentional Injury</u> <u>78,115</u>	Heart Disease 3,318,249
2	Short Gestation 23,683	Congenital Anomalies 2,677	Malignant Neoplasms 2,523	Malignant Neoplasms 2,551	<u>Homicide</u> <u>26,855</u>	Malignant Neoplasms 2,787,261
3	SIDS 11,256	Malignant Neoplasms 1,947	Congenital Anomalies 962	<u>Suicide</u> <u>1,273</u>	<u>Suicide</u> <u>20,715</u>	Cerebro-vascular 751,133
4	Maternal Pregnancy Comp. 8,592	<u>Homicide</u> <u>1,917</u>	<u>Homicide</u> <u>654</u>	<u>Homicide</u> <u>1,086</u>	Malignant Neoplasms 8,451	Chronic Low. Respiratory Disease 628,701
5	Placenta Cord Membranes 5,419	Heart Disease 850	Heart Disease 475	Congenital Anomalies 970	Heart Disease 5,388	<u>Unintentional Injury</u> <u>567,439</u>
Percent Medical Costs	1%	4%	5%	5%	16%	100%

Leading Causes of Unintentional Injury Death among Children 0 to 19 Years Using the External Cause of Injury Mortality Matrix, by Age Group, US, 2000–2005

Rank	Age Group in Years				
	Less than 1 (n=5,883)	1 to 4 (n=10,203)	5 to 9 (n=7,144)	10 to 14 (n=9,088)	15 to 19 (n=40,734)
1	Suffocation 66%	MVT-related 31%	MVT-related 53%	MVT-related 58%	MVT-related 76%
2	MVT-related 14%	Drowning 27%	Other Injuries 15%	Other Injuries 18%	Other Injuries 9%
3	Drowning 7%	Other Injuries 15%	Fires or Burns 13%	Drowning 10%	Poisoning 7%
4	Other Injuries 6%	Fires or Burns 14%	Drowning 13%	Fires or Burns 6%	Drowning 5%
5	Fires or Burns 4%	Suffocation 8%	Suffocation 4%	Suffocation 4%	Falls 1%
6	Poisoning 2%	Falls 2%	Falls 1%	Poisoning 2%	Fires or Burns 1%
7	Falls 2%	Poisoning 2%	Poisoning 1%	Falls 2%	Suffocation 1%

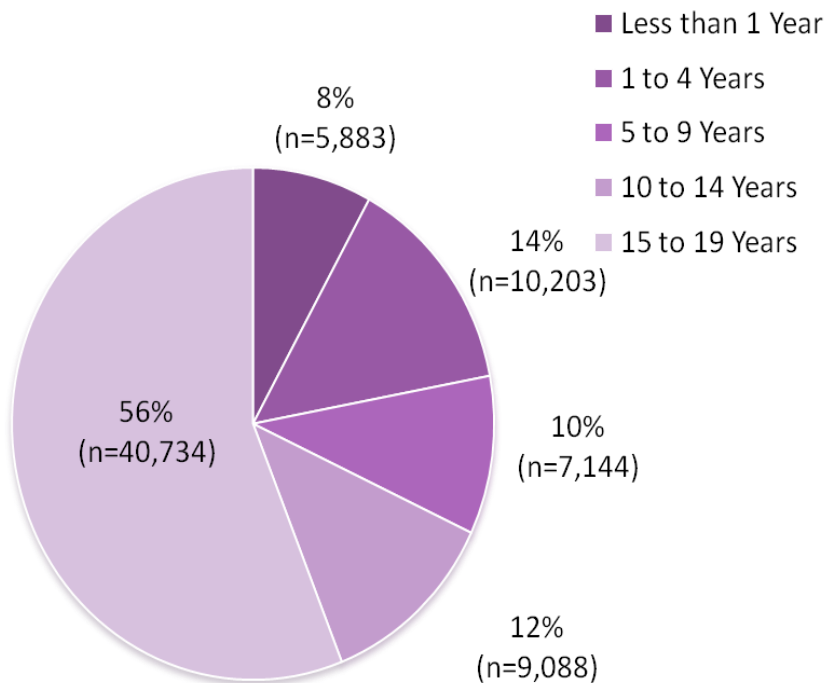
Cause of Death by Injury Status and Intent* among Children 1 to 19 Years, United States, 2000-2005†



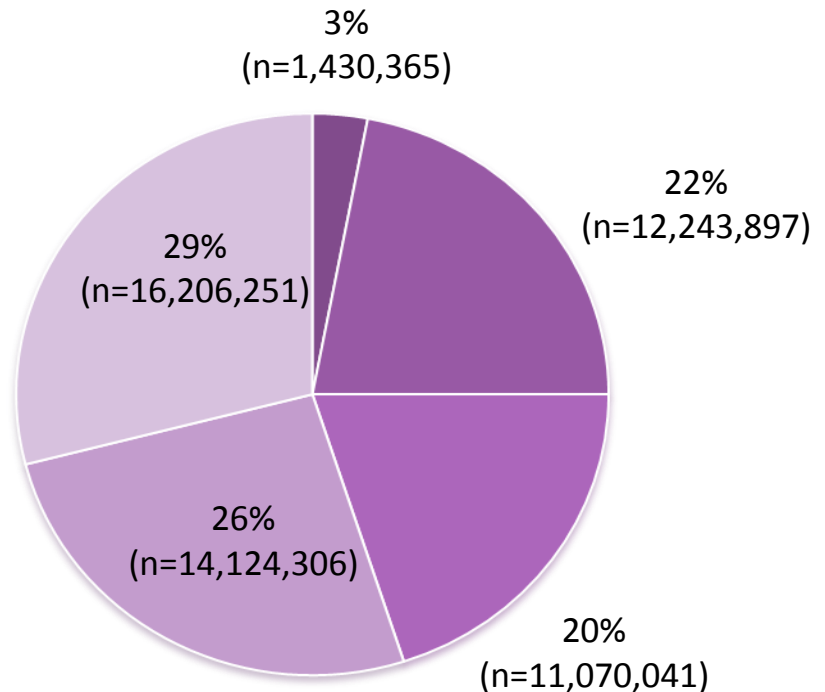
*Analysis Excluded Unknown Intent and Legal Intervention/Operations of War = 1,668 Deaths

†Infants less than 1 year of age were not included in this analysis.

Percentage of Unintentional Nonfatal and Fatal Injury Deaths among Children 0 to 19 Years, by Age Group, United States



Fatal, 2000–2005



Nonfatal, 2001–2006

Estimated Total Lifetime Medical Costs of Injuries by Mechanism, Ages 0-19, 2000 (\$M)

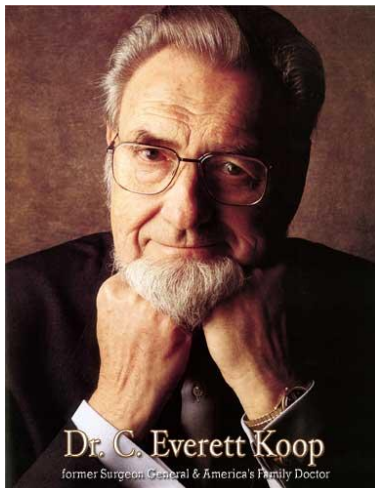
	Fatal	Hospital	Nonhospital
Motor Vehicle-Related	\$78M	\$1,829	\$1,223
Fire / Burn	\$15	\$106	\$188
Poisoning	\$17	\$324	\$174
Drowning	\$3	\$18	<\$1

- Child car seats
- Bicycle helmet laws
- Graduated drivers licensing laws
- Smoke and Carbon monoxide detectors
- Prescription drug child-resistant packages
- Home safety items
- Laws requiring 4 sided pool fencing

Successes



"If a disease were killing our children in the proportions that injuries are, people would be outraged and demand that this killer be stopped."



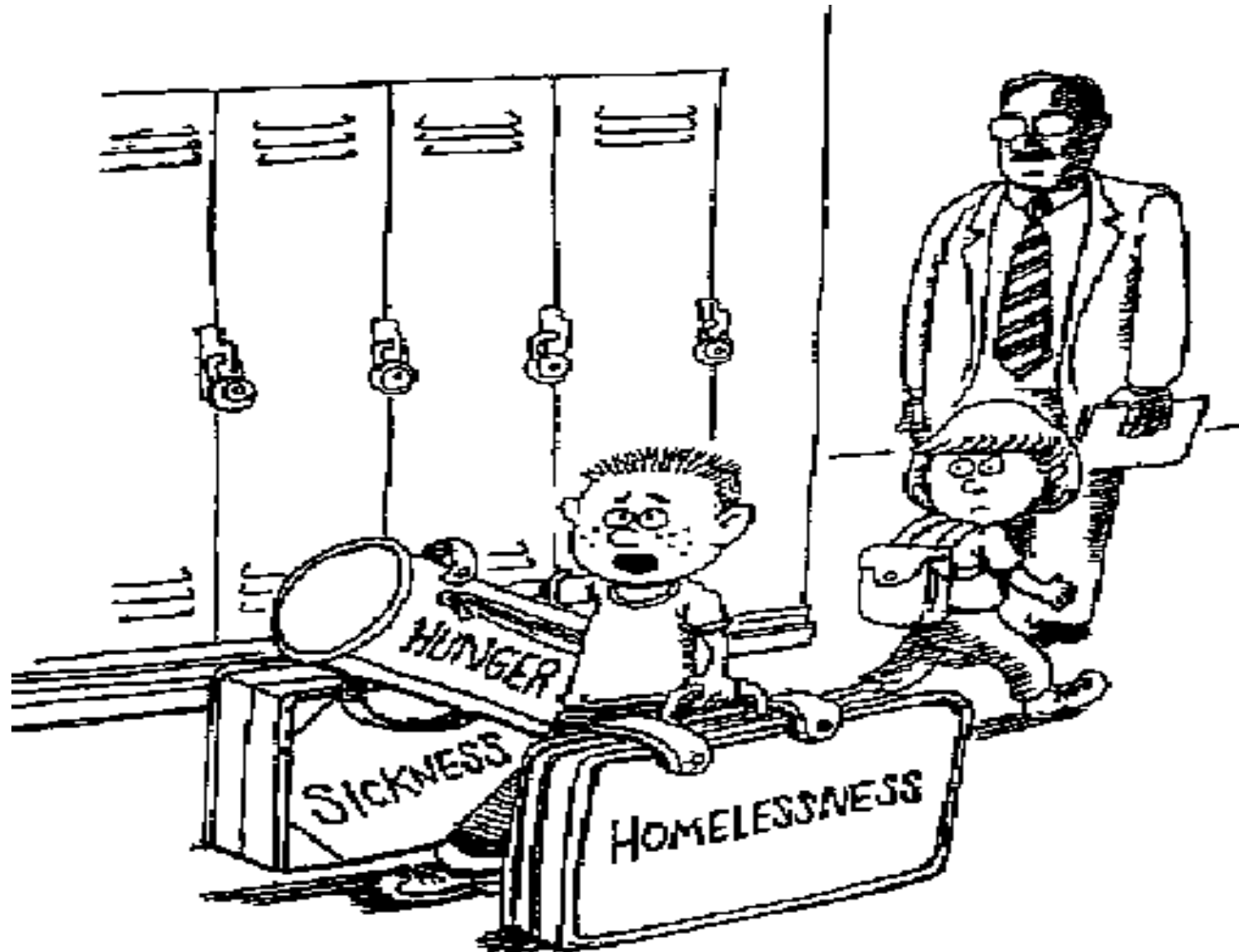
C. Everett Koop, M.D.
Former Surgeon General

But they don't.....

How can this be changed?

- Need a Champion
- Political Will
- Grass Roots Approach
- Integration
- Work to create a “Tipping Point”

“Could
someone help
me with
these?
I’m late for
math class.”



Different kinds of violence are inter-related

- Violence in the home or community affects student behavior and academic performance.
- School violence is affected by violence that occurs on the way to and from school, as well as violence in the home and/or community.

The Accountability Era

- What gets measured gets done
- Don't measure results, can't tell success from failure
- Can't see success, can't reward it
- Can't reward success, you're probably rewarding failure
- Can't see success, can't learn from it
- Can't recognize failure, can't correct it.
- If you can demonstrate results, you can win public support.

Re-inventing government, Osborne and Gaebler, 1992

Healthy People 2010: Objectives

- 15-6 Increase the number of states and the District of Columbia where 100 percent of deaths to children aged 17 years and under that are due to external causes are reviewed by a child fatality review team
- 15-8 Reduce deaths caused by poisonings
- 15-9 Reduce deaths caused by suffocation
- 15-15 Reduce deaths caused by motor vehicle-related crashes
- 15-25 Reduce residential fire deaths
- 15-29 Reduce drownings

MCH National Performance Measures

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Title V (SSA) – State Performance Measures

33 States have additional PM's

- Motor vehicle-related death or injury
- child abuse and neglect
- Domestic violence
- Unintentional injuries
- Violence to children and adolescents
- Bullying
- Firearm-related deaths among youth

“No epidemic has ever been resolved by treatment of the affected individual.”

- George Albee

Collaborations

Partnerships



Relationships



Partnerships

- Implies **equal**
- **Trust** in motives and intelligence of people from different backgrounds
- **Listen** and be a cheerleader for innovative ideas
- Be **inclusive** rather than exclusive
- Cooperative planning

Challenges to Collaboration

- Lack of time
- Narrow focus
- Turf issues
- Limited resources
- Different perspectives and orientation
- Data linkage problems
- Attitude - “We know best”

Collaborative Partnerships

- Leverage new resources, expertise and capacity
- Identify Key Partners
- Clarify how will work together
- Describe structure and expectations

Identifying partners

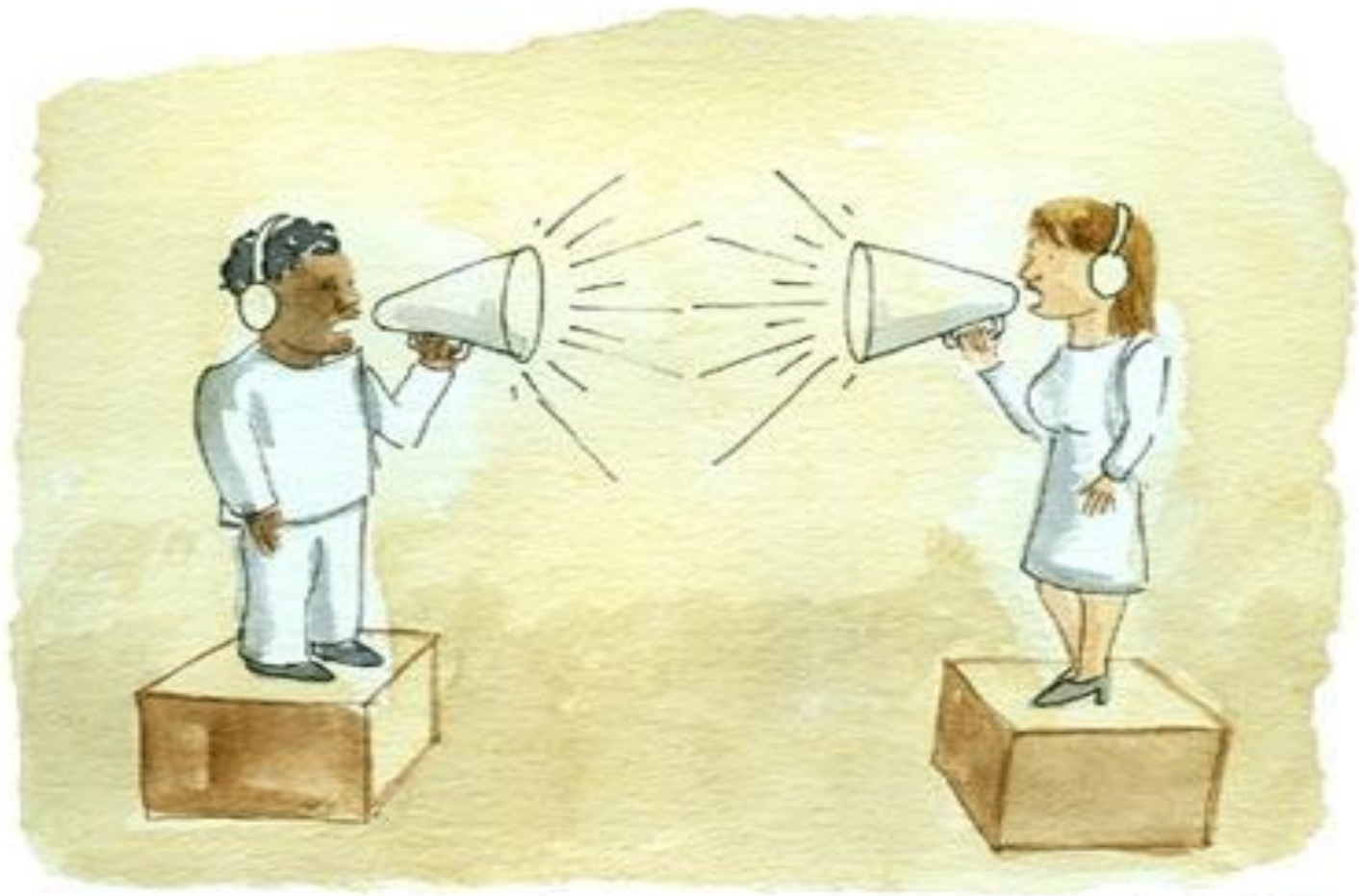
- Prepare a list/map of your existing and potential partners
- Tap the best expertise from within your pool of potential partners
- Identify the benefits, challenges, and specific strategies for working with each partner
- Determine how you will market what you are doing (i.e. develop a document or talking points) to partners

Identify the Players

- Mavens – one who accumulates knowledge
- Connectors – knows “everyone”
- Salespersons – emotional contagion

Communication

Now we have Partners ...
What about communicating
with them?



© Karrel Baker 2004

How would you say:

“I parked my car near Harvard
yard to buy some lobster”

In New England the might say:

“I pahkt my ka nea the Havid
yahd to buy some lopsta

”

Words, Words, Words

- Surveillance
- Intervention
- Population at-risk
- Infrastructure
- Prevention

Words, Words, Words

- Surveillance
Cameras
- Intervention
Confrontation
- Population at-risk
Everyone
- Infrastructure
Capacity Building
- Prevention
Primary, secondary,
tertiary

Don't think they are hearing you?
Perhaps they are not deaf don't yell to make your point!

- Try some different language/words
- Get their feedback
- Adjust to the needs



Common Language and Interests

- Identify common interests
- Clarify meaning of terms – Talking the same
- Determine how you will market what you are doing (i.e. develop a document or talking points) to partners









Basics of Injury and Violence Prevention



Spectrum of Prevention

Influencing Policy and Legislation

Changing Organizational Practices

Fostering Coalitions and Networks

Educating Providers

Promoting Community Education

Strengthening Individual Knowledge and Skills



Injury Pyramid

The Three E's

1. **Engineering** products to make them safe (removing lead paint from toys)
2. **Environmental** modifications that reduce the likelihood that individuals will have an injury
3. **Enforcement** of laws or regulations that reduce injury risk (bullying prevention laws)

Also Important to remember:

4. **Education** that changes attitudes, beliefs, and behaviors (media campaigns)
5. **Evaluations**

Haddon Matrix

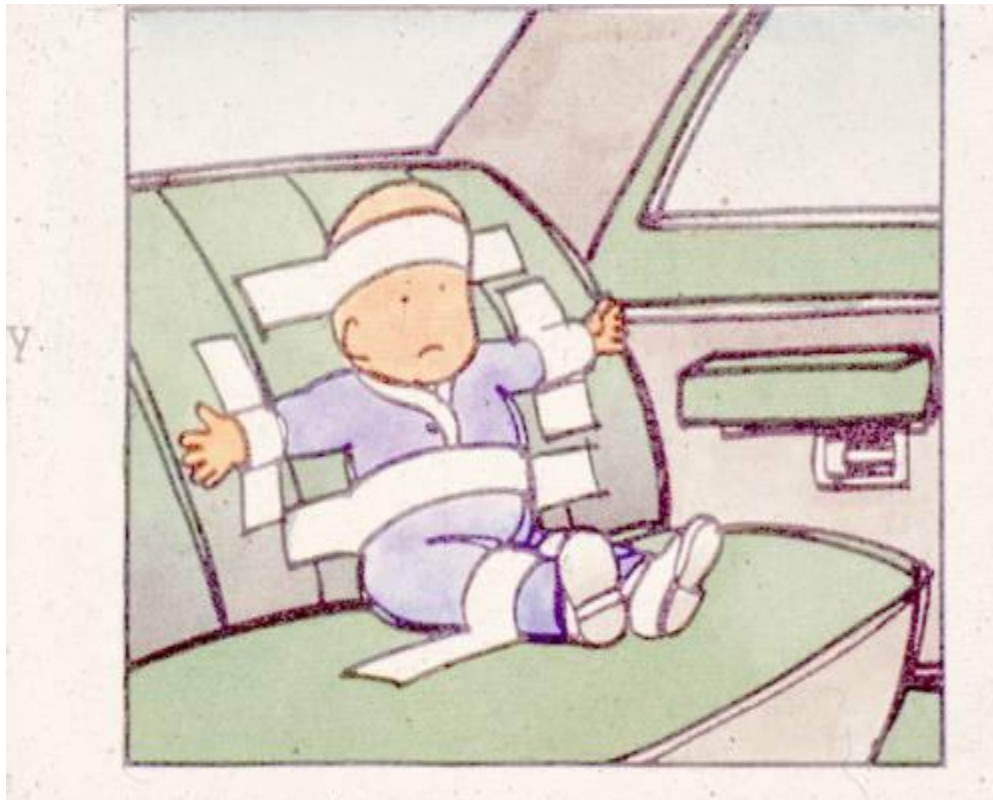
Allows for thinking about the issue across environments by time of occurrence

	Human Factor	Agent or Vehicle	Physical Environment	Sociocultural Environment	
Pre-event					
Event					
Post-event					

Haddon Matrix for Motor Vehicle- Related Issue

	Human Factor	Agent or Vehicle	Physical Environment	Sociocultural Environment	
Pre-event	Poor Vision or reaction time, ETOH, speeding, risk taking	Failed brakes, missing lights, lack of warning systems	Narrow shoulders. Ill-timed signals	Cultural norms permitting Speeding, red light running, DUI	
Event	Failure to wear seat belts	Malfunctioning seat belts, poorly designed air bags	Poorly designed guardrails	Lack of vehicle design regulation	
Post-event	High susceptibility to ETOH	Poorly designed fuel tanks	Poor Emergency systems	Lack of support for EMS & Trauma systems	

A World Without Education



Risk, Resiliency and Protective factors

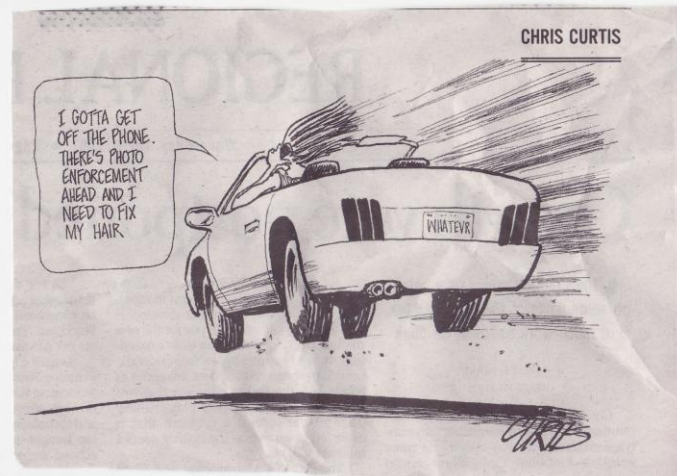
What are these factors?

A “risk factor” for school violence is something that has been shown to be associated with a higher incidence of violence among populations exposed to that factor.

- Individual
- Community
- Underlying



“I gotta get off the phone. There’s photo enforcement ahead and I need to fix my hair.”



Contributors to Increased Risk of MV Crash and Injury for Teens

- *Risk Factors:*
 - Age: Immaturity and the adolescent brain
 - Inexperience
 - Gender (male > female)
 - Weather conditions
 - Rural roads
 - Developmental disabilities
 - ADHD

Contributors to Increased Risk of MV Crash and Injury for Teens (*cont'*)

- *Risky Behaviors:*
 - Low use of seatbelts
 - Alcohol or drug use
 - Carrying teen passengers
 - Nighttime driving
 - Distractions (e.g., cell phones)
 - Speeding and reckless driving
 - Driving when fatigued/sleepy
 - Driving when angry or upset
 - Driving an old or unsafe vehicle

Protection/Resiliency

Violence prevention strategies that build strengths and supportive factors will not only help to prevent school violence, but will also foster positive development in the long term.

Individual

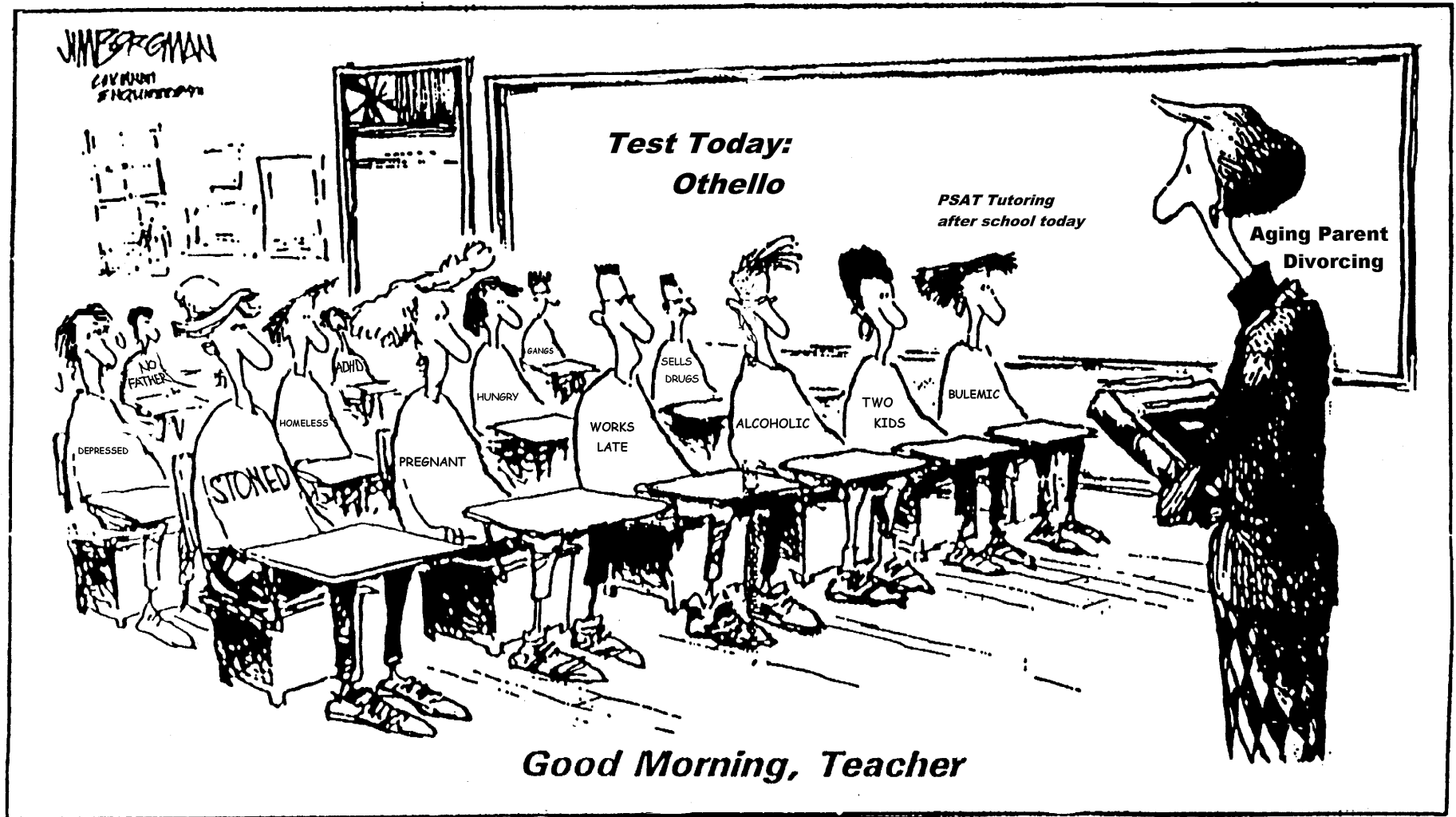
Community

Resiliency-building activities

- Peer support activities
- Structured after-school programs
- Service-learning
- Cross-age mentoring
- Work/training apprenticeships
- Art, music, dance, and other creative activities
- Sports and recreation

Social Determinates of Health

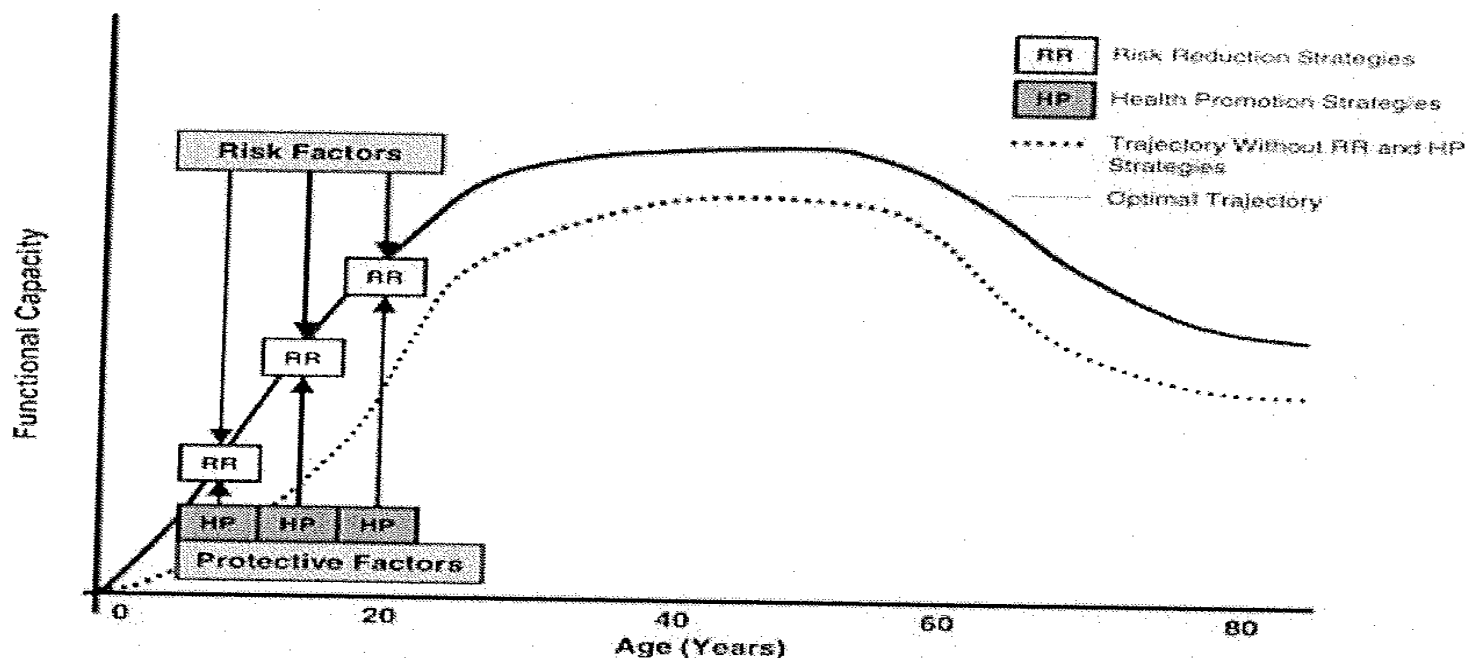
<i>Income</i>	<i>Housing quality & availability</i>	<i>Resource limitations</i>
<i>Wealth</i>	<i>Employment security</i>	<i>Legislation, policy</i>
<i>Racism</i>	<i>Food security</i>	<i>Working conditions</i>
<i>Stressful experiences</i>	<i>Social exclusion</i>	<i>Social capital</i>
<i>Education</i>	<i>Language barriers</i>	



Life Course Framework

- Addresses the consequence of events and experiences over time on an individual's health status.
- Allows for the understanding risk and protective factors in determining health trajectories.
- Research increasingly documents that exposure to violence during childhood results in an increased risk of premature morbidity and the development of chronic conditions.
- Interwoven into the social-ecological approach showing interaction and influence at the different levels to influence and modify individual functioning.

Effects of Risk and Protective Factors on Life Course Trajectories

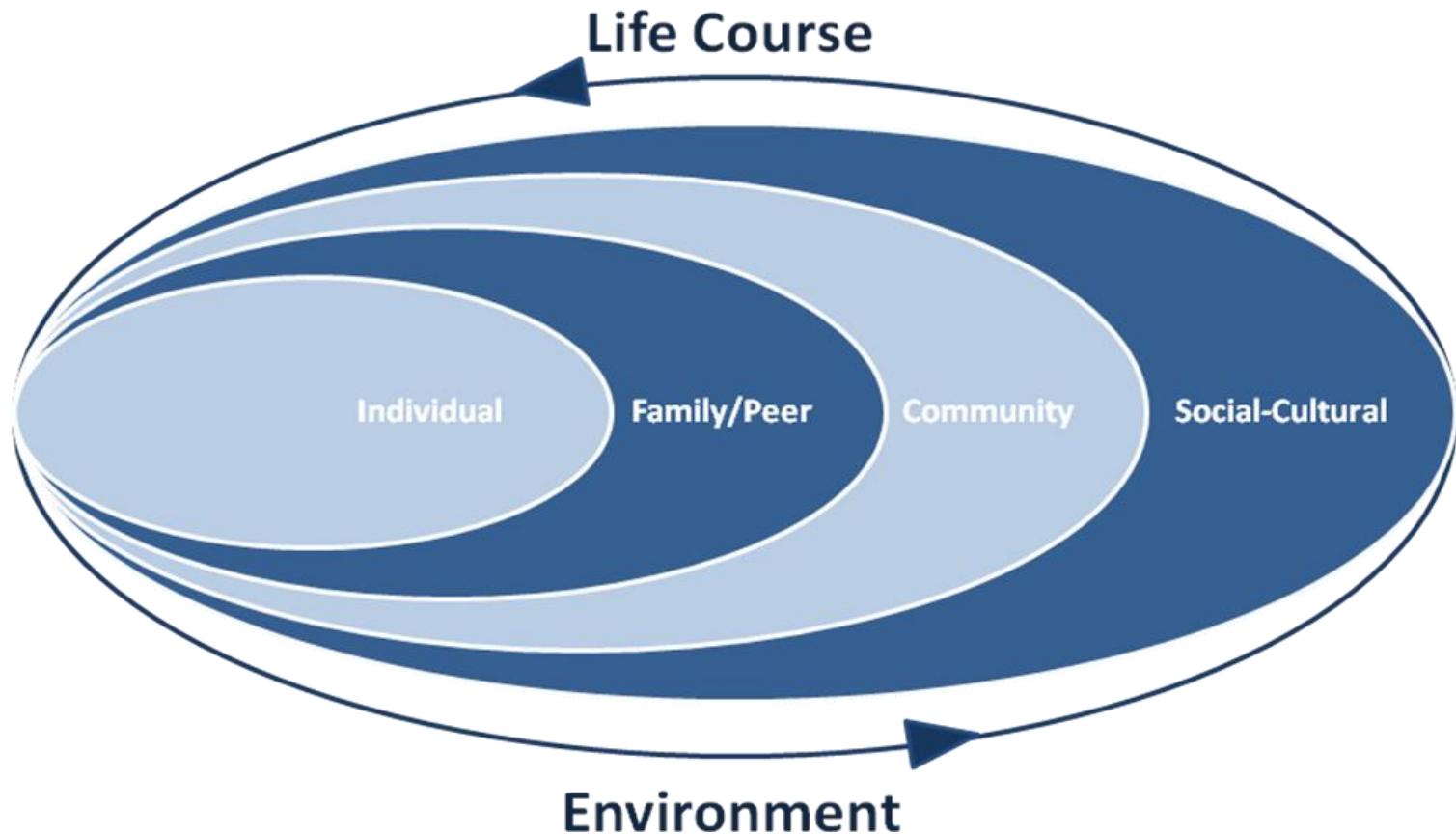


Source: Halfon, Inkelas, and Hochstein 2000, 455

Social-Ecological Framework

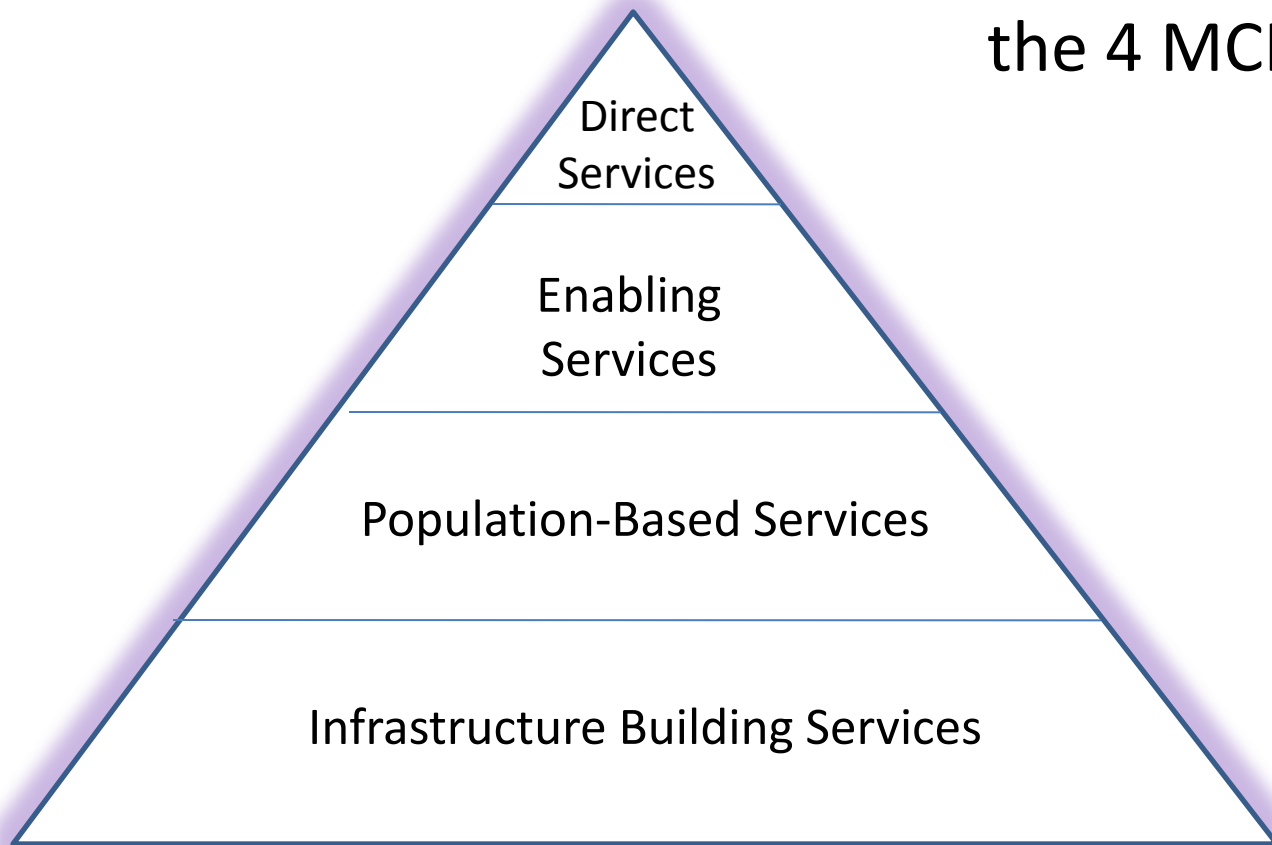
- Complex interplay between the individual, peer, family, community and society.
- Human behavior is affected by this interplay of factors.
- Explores the relationship between individuals and their living systems.
- Links intervention strategies targeting specific behaviors and the environmental influences on that behavior.
- Facilitates understanding of how comprehensive prevention strategies can be applied to all the social spheres in which individuals live.
- Integrates with life pathways demonstrating the impact and cumulative effect of events over the life of the individual.

Social-Ecological Model

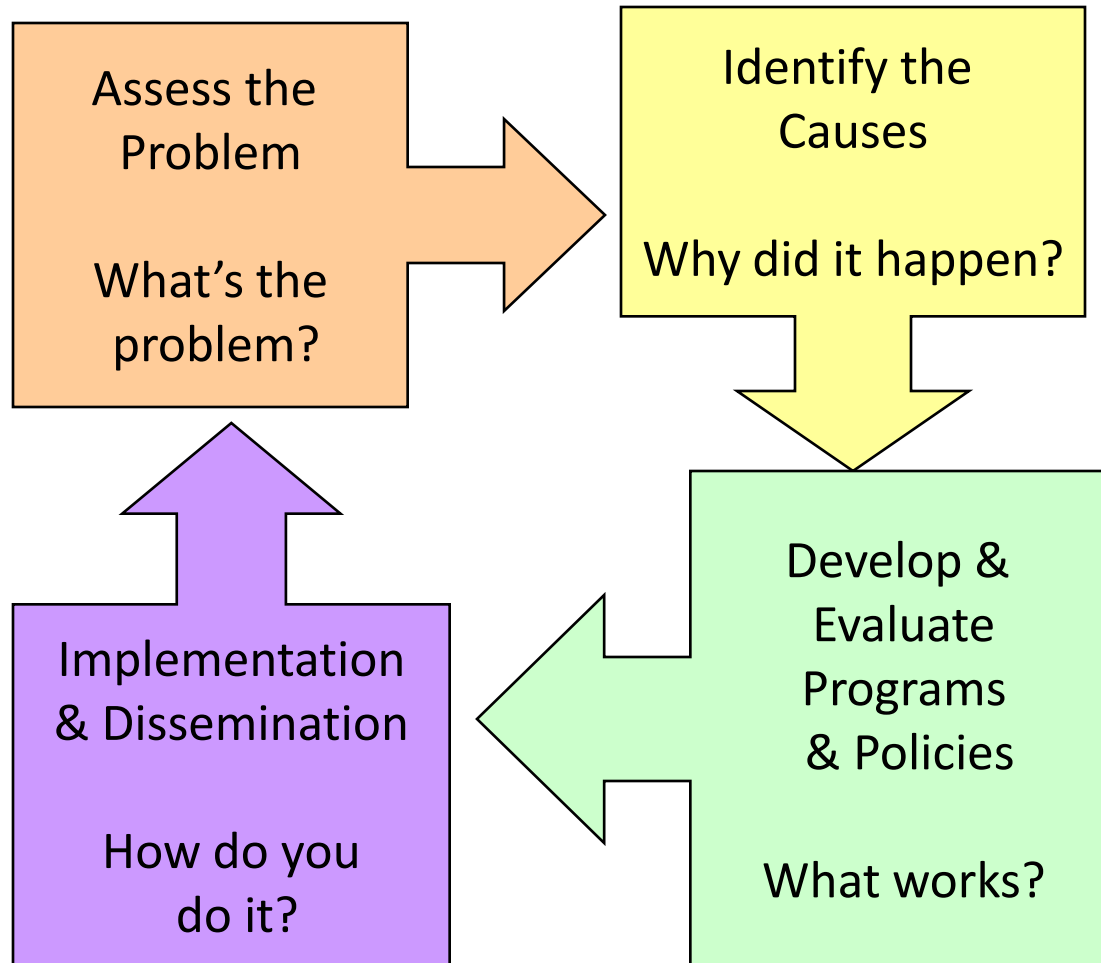


MCH Pyramid

Allows for thinking about interventions or strategies across the 4 MCH sectors.



The Public Health Approach to Prevention



A Multi-level Approach

Figure 2. A Multilevel Approach to Epidemiology



Silo/Island Spanning



What is a silo?

- System incapable of reciprocal operations with other, related systems
- Lack of communication or common goals between departments in an organization
- Department specialization created silo operational culture
 - Information is inward
 - Vertical focus

Dangers of Silos

- Misallocate resources
- Send inconsistent messages
- Duplicate work
- Fail to leverage funding and resources
- Fail to leverage successes

When are Silos beneficial?

- Subject matter expertise
- Prevent information over-load
- When walls are permeable
- Walls need to be transparent and flexible



Silos need to come down or become permeable in thinking about and working with colleagues and partners.

A Systematic Approach to Cross-Program Integration

Sally Fogerty
Ellen Schmidt

Common interest in
having healthy,
safe children



How do we join together to make
this happen?

Cross-Program Integration Principles

- Respect program identity
- Recognize program priorities
- Preserve successful interventions
- Acknowledge responsibilities to funding sources
- Preserve program integrity - do no harm and
- Recognize that each effort will be unique - no one "glove" fits all.

Setting the Stage

- Forming the Integration Team
- Selecting the Issue
- Prioritizing the Issue
- Determining the Scope of the Initiative
- Selecting the Programs for Integration
- Developing the Agreement or Charter

Forming the Team

- Team may be either a self-elected group or an appointed group.
- Potential members
 - Health Department Representatives
 - MCH director or assignee and IVP director of assignee
 - Data and epidemiology staff
 - Other key state agencies
 - Key provider agencies and associations
 - Experts
 - Policy advisors
 - Other stakeholders

Forming the Team

- Need clearly defined roles and expectations
- Include “champions” of the project and issue
- Clearly identified leader
 - Responsible for overseeing the effort
 - Single point of responsibility
 - Integrates and coordinates input and contributions
 - Guides effort to completion

Individual commitment to a group effort – that is what makes a team work, a company work, a society.

Vince Lombardi

Environmental Assessment

- Learn about potential sources of support or opposition to the integration project.
- Learn important lessons from any previous or current integration efforts to be incorporated into new efforts.
- Elements to include in this assessment:
 - Strengths and weaknesses of existing or previous integration efforts;
 - Identify barriers which may block or impede efforts;
 - Learn where IVP and MCH commonly intersect; and,
 - Identify joint areas of interest or mutual goals.
- Helps identify the level of risk the current environment is acceptable in order to support an integration project.

Selecting Issues or Areas

- Base on a review of data, environmental scan(s) and other relevant information.
- Utilize existing documents and information to select the issue(s), prioritizing the issue(s) and select target population.
 - MCH Block Grant performance measures and priorities, and needs assessment
 - Injury and Violence data
 - Child Death Review data
 - State (Governor and other leaders) and Federal priorities
 - Other state agencies and local community priorities
- Consider potential for success, level of support at multiple levels, political will, and other areas beyond data.

Factors to Consider

- Availability of interventions
- Effectiveness of interventions
- Economic feasibility
- Community perception of the problem
- Political issues related to the problem

Prioritize the Issues

- Many patterns, issues & needs emerge
- Discrepancy between a desired & actual state
- Agreement that needs reflect real and important problems
- How do we sort them?



Final Review of Priority status

- Can we frame issue as a problem which should be addressed.
- Can we do something about the problem – know what we can and wish to do
- Level – High, medium, low
- Is it currently being addressed?
- What should our role be in addressing it?

Does it fit with the:

- 5 Year MCH Needs Assessment
- Injury Prevention Plan
- Rural Health Plan Opportunity
- CDR Recommendations
- Other efforts

Integration can:

- Interconnect systems of activities
- Reduce injury-related mortality and morbidity
- Strengthen and increase sustainability of statewide injury & violence prevention efforts
- Increase alignment between policy and service units
- Assure uniformity of prevention messages
- Reduce duplication in addressing the same risk factors
- Facilitate improved surveillance, data sharing & achieving outcomes/performance measures

Factors for Success

- Having a clearly identified champion(s)
- Making a strategic decision to integrate
- Building a solid integration team
- Obtaining leadership support
- Defining scope of the effort and level of resources needed
- Developing a comprehensive plan
- Controlling the effort throughout its execution

Challenges

- Categorical funding, including funding restrictions and accountability requirements
- Turf protection
- Concern over loss of program identity or status
- Concern over loss of programmatic focus on outcomes
- Concern over loss of constituency for programs
- Volatility of issue
- Competition for program funding

Integration is not about adding work but about doing our work differently and smarter, especially in a time of decreased funding.

Setting the Stage

- Forming the Integration Team
- Selecting the Issue
- Prioritizing the Issue
- Determining the Scope of the Initiative
- Selecting the Programs for Integration
- Developing the Agreement or Charter

Determine Parameters or Scope

- Statewide or specific communities
- Entire population or targeted groups
- Internal only or internal and external
- Multiple issues, one issue, one age group or one component
- Extent of collaboration with outside stakeholders

Extent of the effort

- Broad or narrow
- Level of prevention
 - primary
 - secondary
 - tertiary
- Population-based, selective, targeted

Selecting Program for Integration

- Congruence of missions
- Capacity and flexibility to incorporate anticipated interventions.
- Population served by the program is one that is impacted by this injury issue.
- Program is interested in participating in effort.

Direction



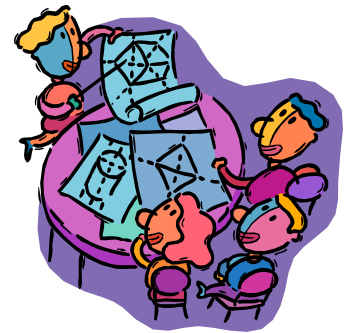
- Know where are you headed
- This is where you want to be headed
- Your auto pilot is engaged
- Be sure you can adjust the auto pilot

Be flexible with the changing inputs



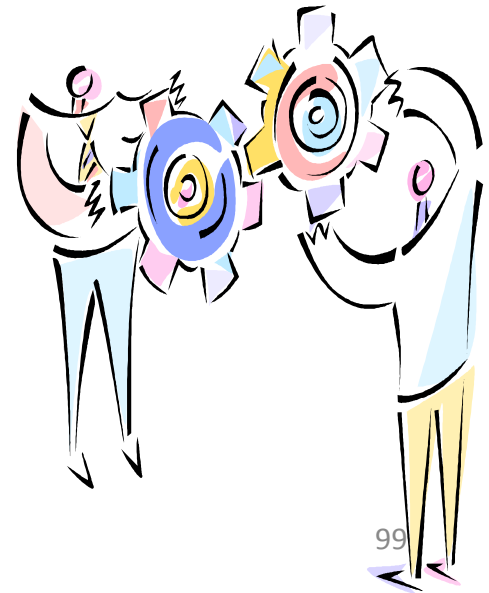
Do we have -

- An agreement on purpose, scope, and responsibilities?
- Identified internal and external partners?
- A clear plan for regular communication?
 - Who is responsible for its implementation?
 - How frequently
 - Type – meetings, conference calls, e-mails?
- Methods to update and involve management?
- A process for how decisions will be made?



Develop Written Agreement

- Short written description of purpose, scope, and responsibilities of team members
- Assures a shared understanding and agreement.
- May be used only by the group or a more formal charter or MOA



Project Implementation

Framing the issue



- Refers to the way an issue will be structured and presented.
- Sets the stage for how individuals and broad audiences will think about the issue and how it can be addressed



Framing Questions

- What is the issue?
- Who is involved?
- What contributes to the problem?
- What contributes to the solution?

Understanding the Issue

- What is the extent of the problem?
- How often does it occur?
- How many people are affected?
- How severely are they affected?
- How important is it to stakeholders?
- What are the positives and/or negatives of addressing the problem?

Assessment current situation

- Identify major interest groups or constituencies that are concerned about this issue?
- Identify agencies/organizations which address this issue and key players?
- Is the issue linked to other issues in your state?
- How does the media portray this issue?
- Identify achievements or setbacks on this issue.
- How does the community and society affect this issue?
- What is keeping the issue from changing?
- What could make it change?

Mapping the Issue

- What are the key behaviors, actors, and consequences, as well as environmental factors and restraining and driving forces that impact this issue
- What are the individual factors – knowledge, skill, experience, custom – that may contribute to an individual's position on this issue



Mapping the Issue by Strategy

	Education, skills	Environmental modification	Product modification	Legislation & policy	Emergency services
Individual					
Family					
Community					
Social- cultural					

Mapping the Issue by Strategy

Asphyxia - Infants

	Education, skills	Environmental modification	Product modification	Legislation & policy	Emergency services
Individual		Crib available	Breathable bumpers		
Family	Understanding risk	Child sleeps in separate	Alternative sleep surface close to parents		CPR training
Community	Child care Grandparents			Enforce child care back to sleep policy	EMS services available
Social-cultural	Acceptance of back to sleep		Cribs build to meet safety standards	Mandate educational campaign, child care regulations	

Mapping the Issue by Age

	Infant (age <1)	Toddler & Preschool (ages 1-4)	Childhood (ages 5-9)	Tween (ages 10-14)	Adolescent (ages 15-19)
Individual					
Family					
Community					
Social- cultural					

Establish Outcomes

- Define the desired outcome for the effort.
 - Individual expectation
 - Program expectation
 - State expectation
- Why are we doing this?
 - Immediate
 - Short-Term
 - Long-Term

Determine Intervention Activities

- Identify gaps in existing efforts and/or programs related to the issue
- Decide which activities should be implemented by each program/stakeholder
- Determine if you will utilize passive or active interventions

Determine Intervention Activities Continued

- Review the range of activities and approaches your intervention might include
- Choose the best practices that provide the best fit
- Determine the feasibility of the selected interventions

Categorizing of Interventions

- Universal interventions
- Selective interventions
- Indicated interventions
- Passive interventions
- Active interventions

Interventions may include:

- Provide services directly
- Contract with others to provide
- Regulating services or problem
- Educating professions, providers, public
- Providing materials to target entities
- Collaborating with others to address
- Developing or supporting others in drafting legislation
- Gathering data
- Other

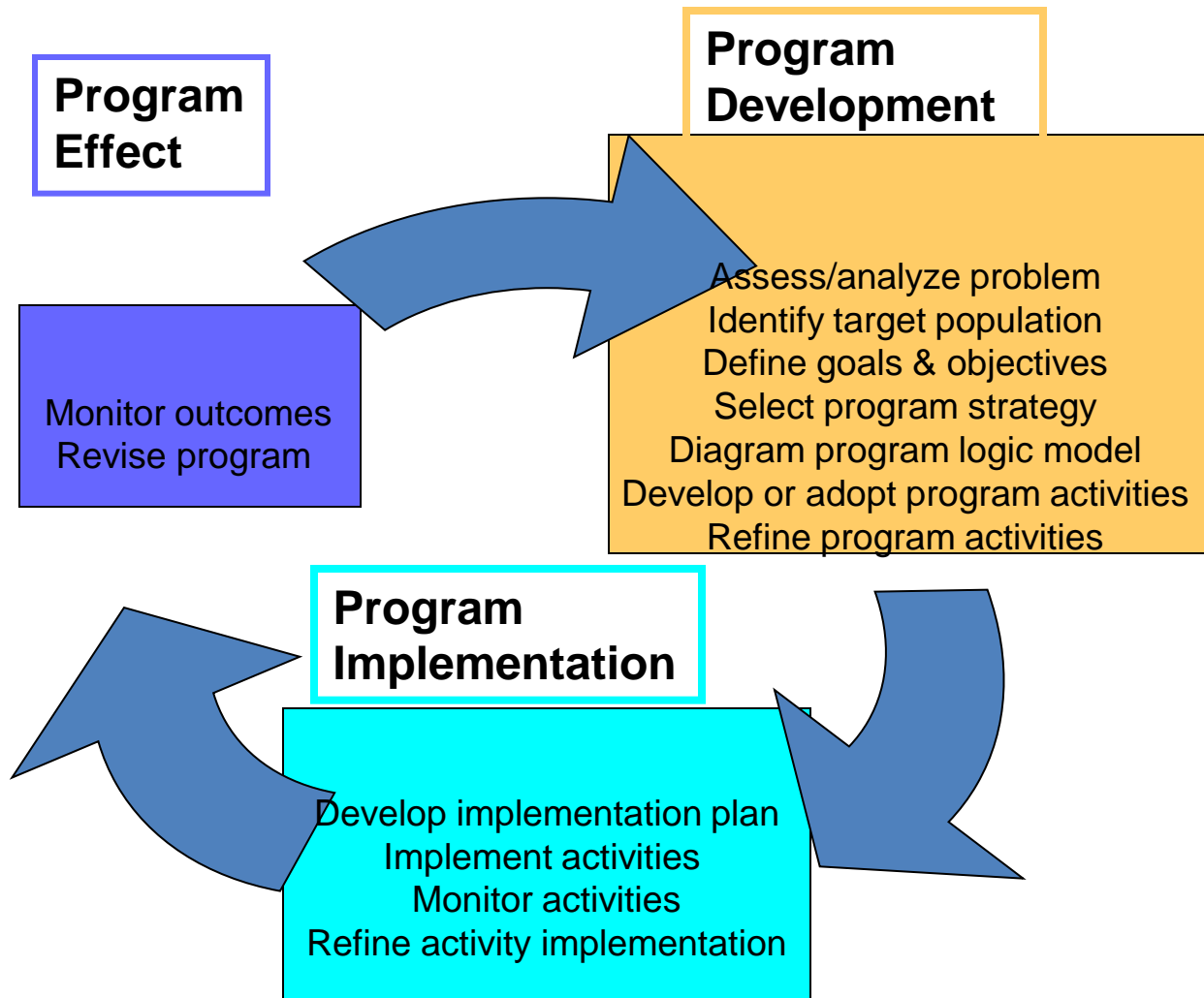
Possible Approaches

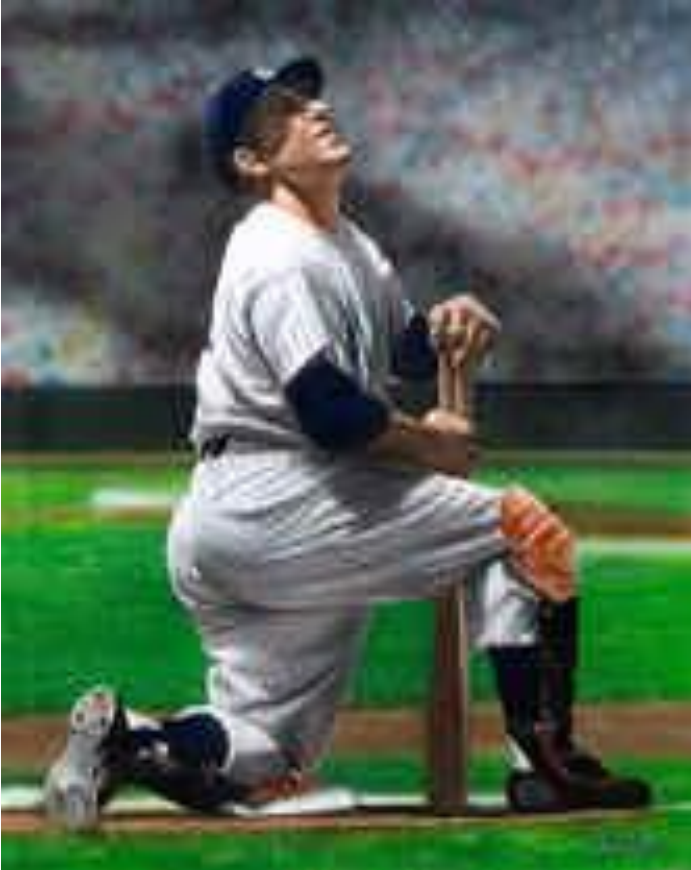
- Legislation, regulations and enforcement
- Product modification
- Environmental modification
- Education and skills development
- Emergency response

Factors to Consider When Selecting Interventions

- Evidence-based
- Doable- technically and financially
- Result in improved outcome or reduced risk
- Adjustable to needs of target population
- Politically acceptable

Program Lifecycle





“If you don’t know where
you’re going, you’ll end up
somewhere else.”

- *Yogi Berra*

- Action Planning
- Capacity
- Evaluation
- Sustainability

Action Planning

Create an Action Plan

- Tasks and subtasks
- Resources Needed
- Person/Agency with lead or partner
- Due Dates/Completion Dates

Monitor Implementation:

- Ensure plans are being carried out and quality of plans
- Address potential problems
- Assess the results of the program

Action Step Considerations

- Understand what is valued in the target audience
- Learn detail about barriers and motivation
- Understand what target audience knows about problem, what do they believe
- Explore who is influential and credible in the community - partnerships
- Be aware of community opportunities

Action Plan

INJURY AREA:

RECOMMENDATION:

Action Step	Lead Agency/ Person Responsible	Partner's Role Contact Person	Due Date/ Completion Date	Deliverable(s)

Capacity

- Existing resources
 - Availability of Funding/Staffing
 - Accessibility
 - Quality
- Internal and external
- Environmental factors impacting
 - Needs
 - Resources



You have my full
commitment.....
Apart from money, time
resources and attention
and just so long as I don't
have to be involved



Outcome evaluation seeks to determine whether program was ...

Effective

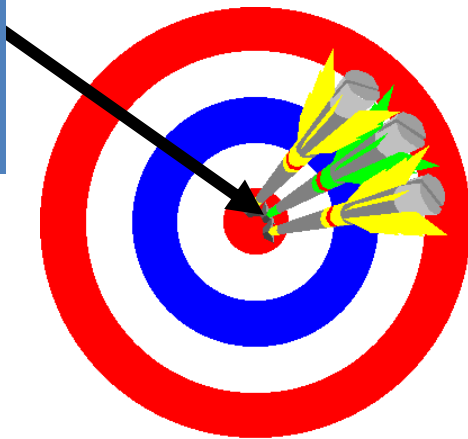
OR

Ineffective

Program prevented
childhood
deaths and injuries

Program
Effort

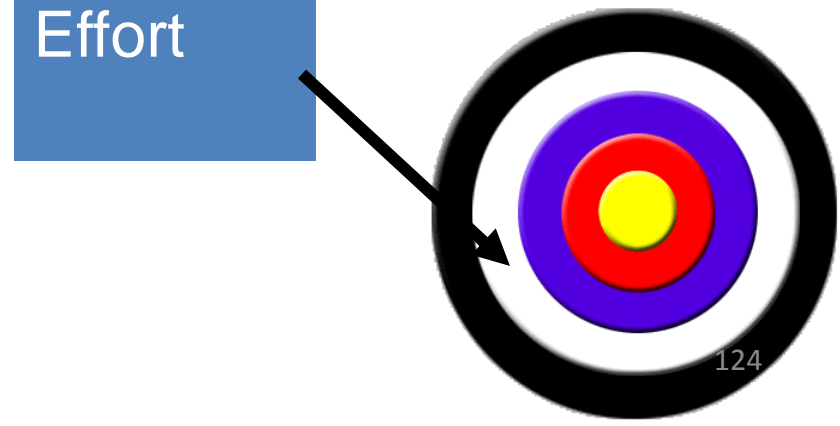
"Hit the mark"



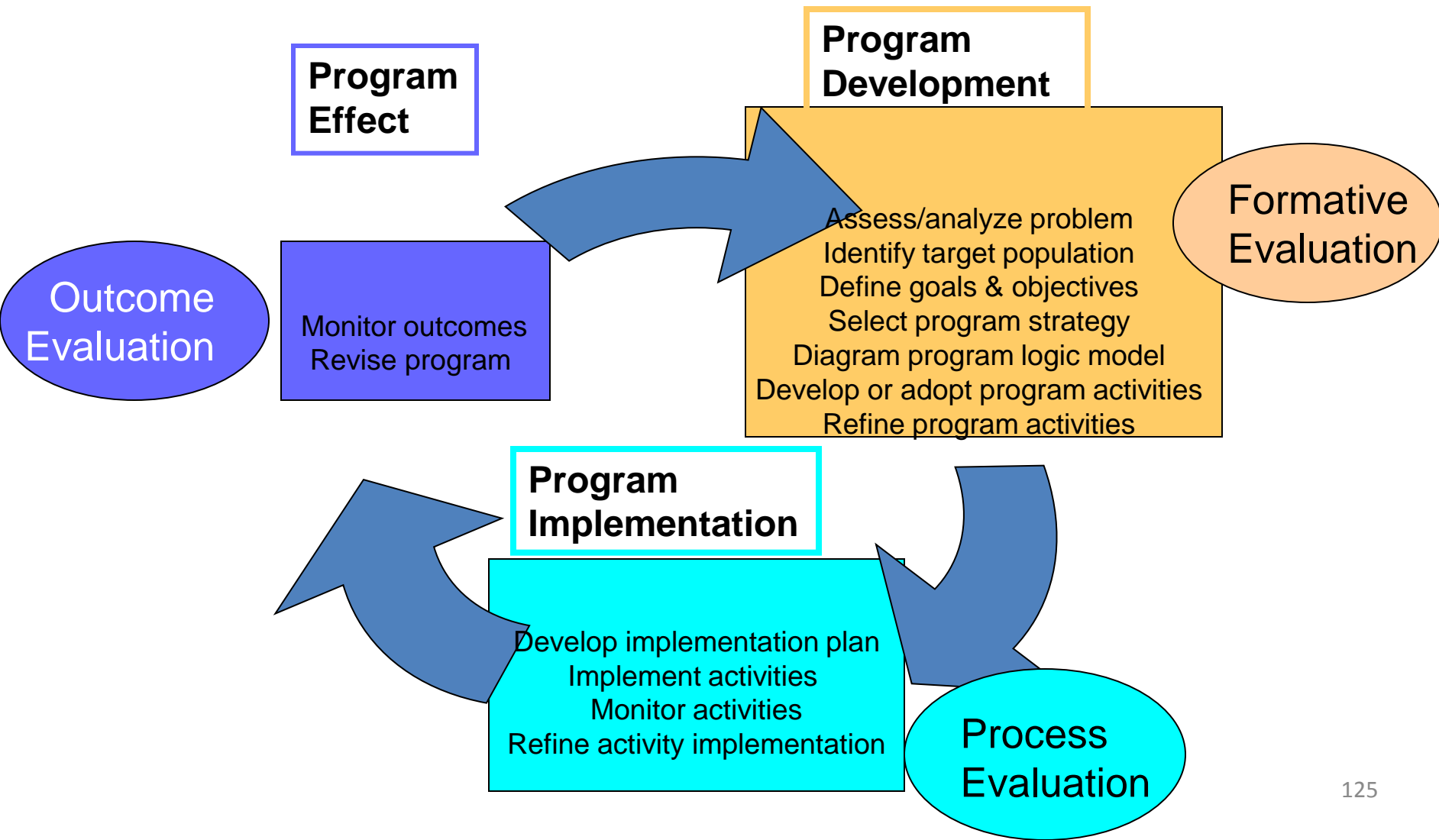
No evidence program prevented
childhood
deaths or injuries

Program
Effort

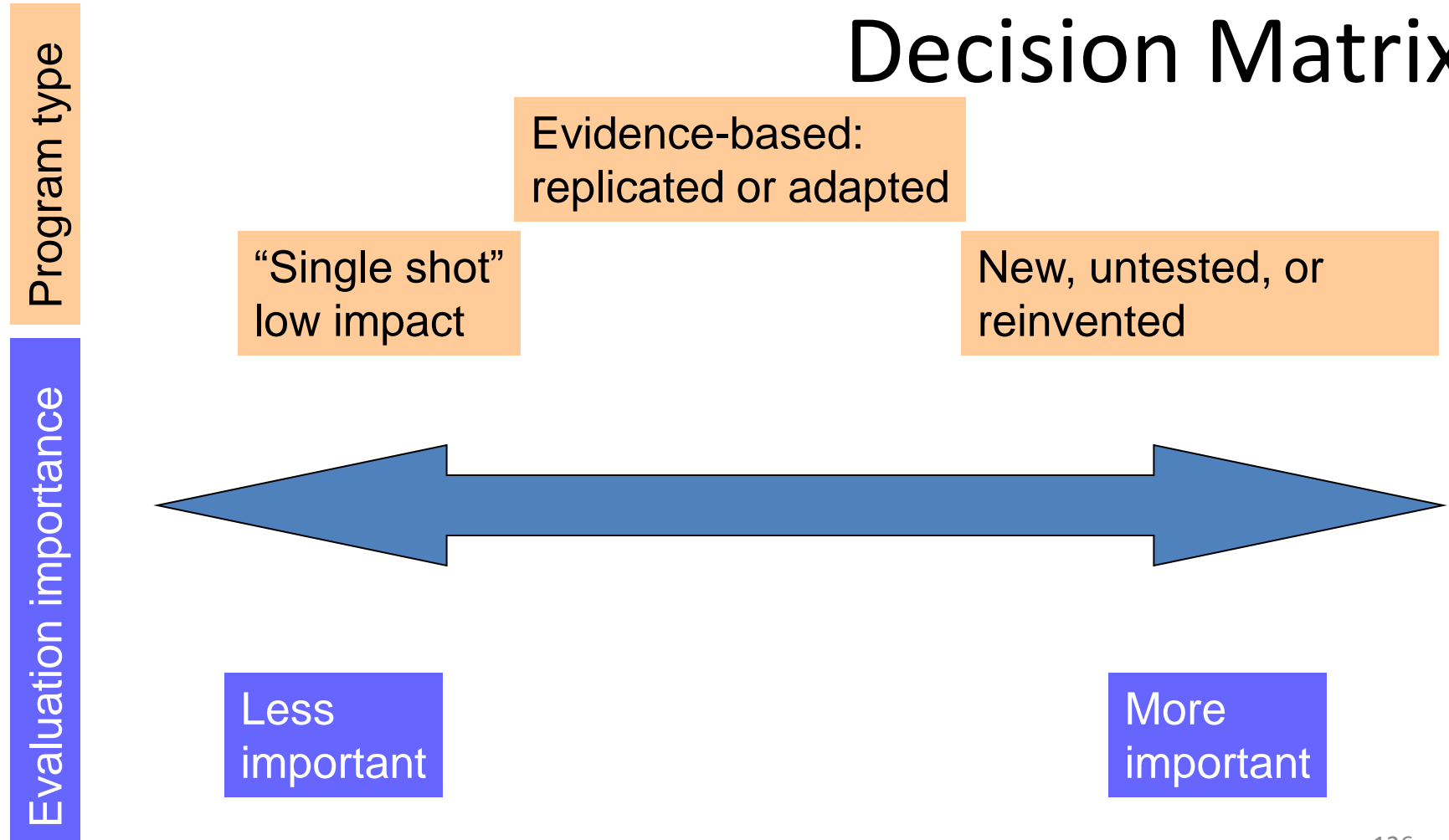
Did not "hit the mark"



Evaluation Program Lifecycle



Outcome Evaluation Decision Matrix





“I used to have a handle on life... but then it fell off”

Sustainable??



Components of Sustainability

- Cross-Program Integration
- Visibility
- Value Added
- Funding
- Leadership
- Educating Policy/Decision Makers

Examples of MCH Settings Where Injury Prevention Topics Can Be Addressed

Topics	Settings	Prenatal Care	Hospitals	Primary Care settings	Home visiting Programs	WIC	Parenting Classes	Child Care Settings	SBHC's Schools
Home safety		x	x	x	x	x	x	x	
Safe Sleep		x	x	x	x	x	x	x	
Bike safety, helmets			x	x	x			x	x
Child safety seats		x	x	x	x	x	x	x	
Firearm safety		x		x	x		x		x
Motorcycle Helmets			x	x					x
ATV safety			x	x					x
Seat Belts		x	x	x	x	x	x	x	x
Playground Safety			x	x			x	x	x
Sports/Recreation			x	x			x		x
Suicide Prevention			x	x					x
Bullying prevention				x	x		x	x	x
Pedestrian safety				x			x	x	x
Injuries from animals				x	x		x	x	x
Violence Prevention		x	x	x	x		x	x	x
Drownings		x	x	x	x	x	x	x	x
Fire and Carbon Monoxide		x	x	x	x	x	x	x	x
Poisoning		x	x	x	x	x	x	x	x
Work related injuries				x					x
Motor-vehicle safety			x	x			x		x
Suffocation		x	x	x	x	x	x	x	
Depression		x	x	x	x	x	x	x	x
Mental Health		x	x	x	x	x	x	x	x
Falls		x	x	x	x	x	x	x	x
Booster Seats			x	x	x	x	x	x	
Use of Personal Floation Devices				x			x	x	x

CSN (www.childrenssafetynetwork.org) is funded by the Health Resources and Services Administration (U.S. Department of Health and Human Services).
A project of the Education Development Center, Inc.

Enhance Visibility

- Champions
- Media
- Success stories
- Recipients' of service
- Member of Boards and Committees
- Persistence

Demonstrate the Value Added

- Cost-benefit
- Improved outcomes
- Coordination of effort – non-duplication

Finding Funding

Tool # - 50 Ways to Fund Your Program

Leadership

Six Secrets of Change

- Love Your Employees
- Connect Peers with Purpose
- Capacity Building Prevails
- Learning is the Work
- Transparency Rules
- Systems Learn

Seven Destructive Habits

(Sheth 2007):

- Denial
- Arrogance
- Complacency
- Competency Dependence
- Competitive Myopia
- Volume Obsession
- Territorial Impulse

“It is a truism that [policy makers] have the capacity to save many more lives than physicians and other health professionals”

Abraham Bergman, MD

Political Approaches to Injury Control at the State Level, 1991

“[G]overnments at all levels have an irreplaceable role to play in assuring conditions in which people can be healthy [and safe].”

Committee for the Study of the Future of Public Health,
The Future of Public Health, 1988

“The Tipping Point”

Malcolm Gladwell, 2002

“The Tipping Point is that magic moment when an idea, trend or social behavior crosses a threshold, tips, and spreads like wildfire.”

Good ideas and products and messages and behaviors can spread just like viruses.

“Never doubt that a small group of thoughtful citizens can change the world. Indeed, it’s the only thing that ever has.”

Margaret Mead

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**Always remember the faces
behind the issue**

